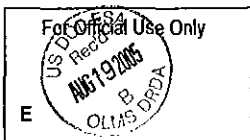


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10015</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>John</u> <u>Hallstone</u> P.O. Box, Bldg., Room No., if any Street <u>1222 I Street</u> City <u>Modesto</u> State <u>California</u> ZIP Code + 4 <u>95354</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 748</u> Labor Organization File Number <u>037-333</u> P.O. Box, Building and Room Number, if any Street <u>1222 I Street</u> City <u>Modesto</u> State <u>California</u> ZIP Code + 4 <u>95354</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/2005

Date

(209) 522-9006

Telephone Number

Name of Person Filing John Hailstone	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Benefit Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2479</p> <p>Street 160 Airway Boulevard</p> <p>City Livermore</p> <p>State California ZIP Code + 4 94551-2479</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Multi-employer Health and Welfare Trust providing benefits to the members of Local 748. The approximate dollar value in item 11b is an estimate of the monthly premium paid to the Trust for members of Local 748.</p>
	<p>11.b. Approximate dollar value of such dealing. \$716</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Item 12b includes reimbursement for travel and incidental expenses incurred while attending periodic trust meetings and the estimated value of lodging and meals provided in connection with such meetings. See attached schedule for dates and locations.</p>
	<p>12.b. Amount. \$8,036</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John Hailstone	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Heath Services Benefit Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2479</p> <p>Street 160 Airway Boulevard</p> <p>City Livermore</p> <p>State California ZIP Code + 4 94551-2479</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Joint Benefit Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2479</p> <p>Street 160 Airway Boulevard</p> <p>City Livermore</p> <p>State California ZIP Code + 4 94551-2479</p>	<p>11.a. Nature of such dealing.</p> <p>Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund. The amount in item 11b is the fees paid to the administrator during the plan year ended April 30, 2004.</p> <p>11.b. Approximate dollar value of such dealing. \$3,001,807</p> <p>12.a. Nature of interest held or income received.</p> <p>HSBA provided Mr. Hailstone with dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18, 2004 in Reno, Nevada.</p> <p>12.b. Amount. \$85</p>

Name of Person Filing John Hailstone	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Vision Service Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3333 Quality Drive</p> <p>City Rancho Cordova</p> <p>State California ZIP Code + 4 95670</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Joint Benefit Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2479</p> <p>Street 160 Airway Boulevard</p> <p>City Livermore</p> <p>State California ZIP Code + 4 94551-2479</p>	<p>11.a. Nature of such dealing.</p> <p>Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b is the fees paid to VSP during the plan year ended April 30, 2004.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$57,655</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>VSP provided half of the cost of food and beverages for a reception hosted by the Teamsters Cannery Council, which was held subsequent to their annual seminar in Reno, Nevada on October 19, 2004.</p> <hr/> <p>12.b. Amount. \$19</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Teamsters Life

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Teamsters Life provides life insurance to the employees of Teamsters Local 748. The amount in item 11b is the premiums paid to Teamsters Life during the year ended December 31, 2004.

11.b. Approximate dollar value of such dealing.

\$845

12.a. Nature of interest held or income received.

Teamsters Life sponsored a reception for attendees of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno, Nevada.

12.b. Amount.

\$38

LM-30 PartB
Year: 2004

Name of Trust Fund: Joint Benefit Trust

Name of Trustee: John Hailstone

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (Incidentals)	Total
January	1/25-1/28/04	Board Meeting - Four Seasons Resort		\$ 418.62	\$ 358.00			\$ 1,276.62
								\$
								\$
February								\$
								\$
								\$
March								\$
								\$
								\$
April	4/25-4/28/04	Board Meeting- Half Moon Bay	\$ 78.75					\$ 78.75
	4/25-4/28/04	The Rite- Carlton - Half Moon Bay		\$ 506.72	\$ 943.92		\$ 105.00	\$ 1,555.64
								\$
May								\$
								\$
June								\$
								\$
July								\$
								\$
August	8/01-8/04/04	Board Meeting - Carmel	\$ 176.69					\$ 176.69
	8/01-8/03/04	Quail Lodge		\$ 518.89	\$ 998.79			\$ 1,517.68
								\$
September								\$
								\$
October	10/25-10/27/04	Board Meeting - Napa	\$ 89.75					\$ 89.75
	10/24-11/27/04	Silverado, Napa		\$ 219.32	\$ 821.94			\$ 1,041.26
								\$
November								\$
								\$
December	11/29-12/05/04	IFOEBP- New Orleans	\$ 1,687.48	\$ 611.74				\$ 2,299.23
								\$
								\$
rotate			\$ 2,032.68	\$ 2,275.49	\$ 3,622.65	\$	\$ 105.00	\$ 8,035.82

Name of Trust Fund: Health Services Benefit Administrators, Inc LM-30PartB
Year: 2004

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Name of Trustee: John Hailstone

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (Incidentals)	Total
January								
February								-
March								-
April								-
May								li
June								li
July								\$

1/1

August								-
September								-
October	10/18/2004	Cannery Council Meeting		\$ 35.00				M.OO
November								-
December								-
Totals			\$	\$ 35.00	\$	\$	\$	\$ KM

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